

COMMAND CUSTOMERS EFT PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments. Please complete and return this form as soon as possible.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 USC 3332, as amended by the Debt Collection Improvement Act of 1996 (P.L. 104-134) and 31 CFR 208. This information will be used by the Navy Personnel Command, Morale Welfare and Recreation Division, to electronically transmit payment data to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

CNI CFAS INFORMATION

ACCOUNT GROUP: **MILITARY COMMANDS**

POC: **JUDY HARWOOD**

CO CODE: **6510**

SALES ORG: **6510**

DIST: **01**

DIV: **01**

COMPANY ACCOUNTS RECEIVABLE INFORMATION

CUSTOMER NAME:

SEARCH TERM:

(CUSTOMERS LAST NAME)

STREET ADDRESS:

CITY:

FPO

STATE:

ZIP:

FAX PHONE:

UIC:

RECON ACCOUNT: **131005**

PAYMENT METHOD: **Electronic Fund Transfer**

PAYMENT BLOCK:

(ENTER DATE)

SAP ASSIGNED CUSTOMER NUMBER:

DATE ENTERED:

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

PHONE:

ABA ROUTING NUMBER:

BANK ACCOUNT HOLDER NAME:

ACCOUNT HOLDERS BANK ACCOUNT NUMBER:

ACCOUNT TYPE:

CHECKING:

SAVINGS:

SIGNATURE OF OFFICIAL:

DATE:

TITLE OF OFFICIAL:

ENCL (2)